

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083494

Entity Name: T & L AND ASSOCIATES, INC.

FILED
Mar 21, 2006
Secretary of State

Current Principal Place of Business:

4630 LIPSCOMB STREET NE
SUITE 5
PALM BAY, FL 32905 US

Current Mailing Address:

4630 LIPSCOMB STREET NE
SUITE 5
PALM BAY, FL 32905 US

FEI Number: 30-0193833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

4650 LIPSCOMB STREET NE
SUITE 1
PALM BAY, FL 32905 US

New Mailing Address:

4650 LIPSCOMB STREET NE
SUITE 1
PALM BAY, FL 32905 US

Name and Address of Current Registered Agent:

COMPLETE BUSINESS SOLUTIONS INC.
1805 CANOVA ST #2
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAMILTON, TERRI
Address: 4630 LIPSCOMB STREET NE STE. 5
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAMILTON, TERRI
Address: 4650 LIPSCOMB STREET NE STE. 1
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI HAMILTON

D

03/21/2006

Electronic Signature of Signing Officer or Director

_____ Date